



## Commentary: A Provider Perspective on Supporting Parents Who Are Homeless

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As a Pediatric Nurse Practitioner and member of the Mercy Children's Health Outreach Project (M-CHOP), an expansion program of Baltimore Health Care for the Homeless, I work with families who are homeless. Our team consists of three pediatric nurse practitioners, a social worker, an arts program coordinator, and volunteers. We make weekly visits to eight sites, including emergency family shelters, transitional housing, a therapeutic day-care center, and a day drop-in center. The team provides medical and behavioral health care to children who are homeless and assists with educational issues.

Our team meets a diverse group of families in the shelters we serve. We meet mothers who have never been employed, did not finish school, and struggle with learning disabilities, mental illnesses, or substance abuse. Or we may meet a father and mother recently homeless because of a job loss, with no savings but with college credits and a recent history of a stable family life. We may find a mother trying to find a safe home for her and her children after fleeing a violent partner from another state. Some families have never had a fixed place to live. We see parents and guardians both young and old, birth parents, grandparents, legal guardians, and informal guardians. The children may be newborns discharged from the hospital nursery into an emergency shelter or adolescents almost finished with high school.

Our team has observed many changes in family structure over the 18 years we have been providing health care services to children and their families in urban Baltimore City shelters. In the early 1990s, we saw many families who were experiencing homelessness for the first time. The majority of the parents who headed these families had come from relatively stable families themselves. Their children had grandparents, aunts, uncles, or cousins who were stable influences in their lives. A parent may have had problems with substance abuse, mental illness, or finances, but grandparents were available to help. Grandmothers would frequently step in to love, support, nurture, teach, and discipline children while parents were struggling with homelessness.

Over time, we have observed greater instability in families. Today it is common to see second- or third-generation family homelessness. In these cases, neither the parents nor the children have ever experienced the firm foundation of a stable home or a family that provides nurturing care, support, and protection. Our team is seeing more serious mental health and behavioral problems

in even the youngest children, a direct consequence of family instability. A majority of the children we care for suffer from learning disabilities or cognitive delays, have been referred to mental health therapy, have been suspended from school, or experience problems relating with their peers. Many of these children have been in foster care at least once and have been victims of violence or have observed violence in their families.

### The Changing Face of Family Homelessness: A Story of Two Families

I would like to share my experience with two families our team met at emergency shelters, one several years ago, and one recently. I believe the stories of these two families illustrate the increasing family instability that we are witnessing in Baltimore City's emergency shelters and the impact this has on parenting skills.

Many years ago our team met a family in an emergency shelter, composed of an unmarried couple and two children. The mother had been raised in a stable family in another state, but both she and her partner had fallen victim to substance abuse. Both ended up on the street, along with their children. The older boy had asthma, learning disabilities, and was aggressive. The mother tried to keep him from fighting with other children, but it was a challenge in the shelter setting. The daughter, not yet school age, was quiet and shy, and the mother worried that the girl was depressed. Upon arriving at the shelter, the mother was determined to end her substance use, and this resolve helped the family find housing and new jobs and move out of the shelter.

One year later, the mother was back in the shelter with her two children and a set of twin girls born in the last year. The father was out on the streets and using drugs again, but the mother wanted to stay clean. Again, the mother worked hard to find housing, a job, and stability for her family.

I did not see the family again until two years later, when I contacted the mother for help with a presentation about family homelessness. She informed me that her partner had returned; they had married, purchased a house in a beautiful neighborhood in the city, and were running a real estate company. Both parents helped me with my presentation and invited me to celebrate their first Christmas in their new house. All four children were doing well, either in school or daycare. The son received tutoring for his learning disability and showed no signs of aggression. The 3-year-old twins were active and friendly. The older daughter was still quiet but was friendly and able to recall her shelter experience. Her parents reminded her of what they had all learned—that it is possible to move from adversity to success. Even though they had lived through early, devastating experiences, I believe these chil-

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dren were able to rebound because of the supportive parenting they had experienced.

In the case of this family, the parents had learned supportive parenting skills from their families of origin, and they were able to teach these values and lessons to their children. With the help of a supportive background and the help and resources offered by the shelter staff and outside agencies, this family was able to move out of homelessness. In my experience, I have observed that shelter staff tends to be more willing to work with families that are motivated. In these cases, referrals are made and the family will, more often than not, follow through. The family gets the resources and assistance they need, and the shelter staff is rewarded with a positive outcome.

However, families with complex histories of trauma, mental illness, and substance use face formidable challenges to moving out of homelessness. Very few shelter staff members are trained in child development and trauma issues and often lack the skills needed to support families in crisis. Our team often observes shelter staff members who are uncomfortable with families they deem as "difficult."

In contrast to the first family, our team recently met a family that exemplifies the increased instability of families who are homeless today. This family was composed of a young mother and two preschool children. The mother had aged out of foster care the year before. She has a history of sexual abuse, mental illness in her immediate family, and family members with substance use problems. As a child and adolescent, the mother lived in various foster care homes and gave birth to both children while in foster care. The mother described her two children's behavior to me as "bad," citing examples of hitting, not listening to directions, fighting with other children, and high activity levels. During our intake interview, I observed that the mother responded to her children only in negative tones. She did not say anything positive to them. I also observed her ignoring dangerous behaviors, such as the children climbing on tables and playing with electrical outlets. The children were active and aggressive toward other children and resisted discipline.

I usually offer children crayons and a coloring book while I speak with the mother. This gives children a positive activity to focus on while I talk with the mother and allows me to assess skills. Frequently, I will ask the child about the picture or comment on the colors. The children from this family enjoyed the structure of a coloring activity, but the mother did not give any feedback to her children and she left the pictures behind on the table. This kind of activity provides an opportunity to model a positive interaction for supporting children. Unfortunately, I am only able to visit this shelter once a week for several hours, and the case manager assigned to the family has a heavy caseload of 75 people, or approximately 30 to 35 families. There are no other direct counseling supports available to this family at the shelter. In order to refer to outside agencies for behavioral and mental health services the parent's cooperation is necessary. This is, at times, difficult because of conflicting demands and priorities. The family remains in the emergency shelter, without resources for housing.

### Challenges to Parenting While Homeless

Parenting under conditions of homelessness and poverty is extremely challenging. Many parents lack the resources to be supportive, and these conditions exacerbate their difficulties. Our team defines supportive parenting as protecting and supporting a

child. We believe that supportive parenting teaches a child to trust his environment, to respect others and himself, and to be supported and encouraged in his actions. It communicates to the child that he is loved and respected for who he is, gives him the knowledge that he will be protected when necessary, makes him feel secure and stable in his environment, and provides the guidance needed to make good decisions. Our team strives to model and encourage supportive parenting behaviors. Children who are homeless desperately need the benefits of supportive parenting, yet parents who are homeless face significant challenges.

In the shelter environment, the shelter often takes over as "parent," usurping the role of the mother or father as rule maker and authority figure. Parenting becomes the job of the shelter. In her seminal book on parenting in shelters, *Parenting in Public: Family Shelter and Public Assistance*, Donna Haig Friedman (2000) demonstrated that positive interactions with shelter staff can reinforce a parent's self-worth and support her attachment to her child. However, the "value-laden, paternalistic regulations" of a shelter have a negative impact on parents' feelings of self-worth and limit their ability to parent effectively. Our team has observed young mothers or fathers who are not comfortable in their role as parent and readily give up their parental authority for fear of being ridiculed. In shelters, children are often faced with conflicting rules, as parents allow a behavior and the shelter restricts it. This leads to confusion about what is acceptable behavior and contributes to a lack of consistency in their already unstable lives.

In addition, homelessness has a devastating effect on family structure and unity. Family shelters impose varied and inconsistent eligibility criteria for admission. Frequently, boys and older adolescents, both male and female, are not permitted to stay in family shelters. In addition, some families choose to separate from their children once they become homeless (Rossi, 1994; Susser, 1993; and Shinn & Weitzman, 1996, as cited in Barrow & Lawinski, 2009). As a result, children may end up living with relatives, friends, or in other shelters.

Many of these children move from house to house with no stable place to call home. Some are further separated from siblings because family members are unable to house several children. Older children experience the consequences of separating from parents as acutely as younger children. Adolescent children are often left to their own devices, and many drop out of school without the structure to encourage school attendance. At this time of their lives, without parental direction and loving guidance, adolescents are left adrift to navigate life on their own, often in a context of violence, drugs, and sexual acting out. Over the years, our team has witnessed how these conditions increase the likelihood of mental illness, violence, and homelessness in the next generation.

Furthermore, parents and children living in a shelter environment can be chaotic and unstructured. Engaging children in behavioral health services is a challenge, and involving the parent can be an even greater battle. Mental health services that provide outreach to shelters are difficult to find, and the chaotic atmosphere of the shelter setting is not conducive to a therapeutic environment. Yet, lack of transportation can be a barrier to treatment at other locations. The demands of homelessness on a family can lead to ignoring children with aggressive behaviors, bipolar diagnoses, and suicidal ideations or attempts. Often, providing a model of supportive parenting is the best contribution our team can make in the midst of the chaotic shelter environment.

Working with parents who have never experienced nor learned basic parenting skills takes time and patience, as well as a complicated skill set. We can make referrals to programs that teach parents how to bond with their child, but I believe that these concepts and behaviors need to be reinforced by shelter staff. However, few family shelter staff members are trained in child development. Many shelters require that parents must be with children at all times. Yet, without positive activities to engage parents and children, parents can become easily overwhelmed with the constant care of a child who has no routine or structure in his young life.

### Recommendations for Supporting Parents Who Are Homeless

For me—and the exceptional team I am privileged to work with—caring for homeless families over the last 18 years has been challenging, rewarding, and often frustrating work. The “band aids” we have been able to provide only scratch the surface of the problems underlying homelessness.

The adage, “housing is health care” never rang more clearly than it does today. A colleague recently reflected that, “The painfully obvious lesson for me has been the futility of solving this complex social problem solely with new approaches to medical or mental health care. I believe I could best improve the health of my patients by assuring access to housing and supportive services as core components of their treatment plans.” It is increasingly difficult for families to obtain decent and safe supportive housing, the stable foundation needed to ensure that future generations grow up safe, protected, and healthy.

Preventing future homelessness means taking care of our children today. Fundamental change is needed to enable homeless service providers to better support parents who are struggling with homelessness and other challenges. Some parents who are homeless need minimal support to get back on their feet, while others may have disabling conditions, struggle to care for their families, and need extensive supports and services. However, we believe that all parents want to raise responsible, happy, and well-adjusted children. Once families enter the homeless service system, there is an opportunity for us to support mothers and fathers in their most primary role—as parents.

Interventions for families should include models focused on building enduring, loving relationships. This is something that many of our families have not experienced in their lifetime. More specifically, housing and homelessness programs should strive to:

- (1) Train and support staff to promote supportive parenting. Programs must start by respecting parents’ experiences. Some parents just need to be encouraged that they are doing the best that they can for their children. Other parents lack respect or love for themselves and need to be taught what they have never experienced—trust, encouragement, loving guidance, protection, and respect. Integral to promoting supportive parenting is providing training for shelter staff to model, promote, and teach positive parent–child interactions with behavioral and developmental components. Shelters need to provide mentoring and case management services with low caseloads and frequent contacts with family members.
- (2) Promote structured parent/child activities in shelters. Shelter programs need to provide structured parent/child activities to teach parents how to play with their children and to encourage positive relationships and bonding. If parents are supported in their daily lives, they are more likely to be loving and nurturing to their children. Structured parent/child activities are an opportunity to model positive behaviors, to help parents assist their children, and to provide positive feedback to parents and children alike. Above all, structured activities help promote a positive environment where parents and children can have fun together while learning new skills and strengthening their bond.
- (3) Promote better access to mental health services. Many children in shelters have mental health or behavioral issues. Outreach programs are needed to bring mental health and other services to families living in shelters. When shelters cannot provide private meeting spaces, they should work to facilitate transportation to mental health services.
- (4) Keep family members together. Shelters and other homeless service programs should try to keep family members together to avoid further separation and further trauma. This includes reviewing family shelter admittance policies and structure to promote family reunification.
- (5) Encourage school attendance. Shelters need to provide access to transportation assistance, school supplies, and tutors to encourage consistent school attendance among children of all ages. Parents must be encouraged to attend school meetings, communicate with teachers regularly, and to help children with homework.
- (6) Provide daycare that promotes the parent–child bond. Encourage replication of the PACT Therapeutic Nursery in Baltimore, which serves homeless children under the age of 3 and their parents while they are living Baltimore shelters. The nursery supports the attachment between parent and child using the evidence-based practice of Nursing Child Assessment Satellite Training (NCAST). It is a model of collaboration among several stakeholders, and provides mental health services, attachment-based interventions, play therapy, and weekly multiple family therapy groups that build on the promising practice of Strengthening Family Coping Resources (Norris-Shortle et al., 2006).
- (7) Provide housing first for families with intense supportive services. To solve the crisis of family homelessness, families need access to safe, affordable, permanent supportive housing as quickly as possible to prevent long stays in the chaotic and unstructured environment of emergency shelters. This should include supportive case management and access to services that promote supportive parenting practices, life skills like budgeting, shopping, cleaning, and cooking, and mental health services when necessary.

We now confront an urgent challenge. Family homelessness is increasing, and many of the families living in our nation’s emergency shelters lack the support, services, and other resources they

need to overcome the many challenges they face. To help families move out of homelessness, we must find better ways to strengthen and support parents and children. As currently configured, homeless service systems are not set up to support parents in this primary role. We must commit to creating better systems to support parents and children who are homeless.

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